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ABSTRACT

The evidence, largely anecdotal, suggests that disability support service providers in higher education are serving an increasing number of students with psychiatric disabilities. This paper discusses the responses of college disability support services. Many factor complicate the delivery of services for students with psychiatric disabilities, and the nature of such disabilities makes them challenging to accommodate. Students with current documentation of a psychiatric impairment who request services are entitled to accommodations that specifically and appropriately address their needs, such as permission to use peer note takers or extended time to complete examinations. In addition to the challenges posed by the disabilities themselves, students may encounter prejudice and ignorance. In the end, the academic and personal successes are well worth the efforts of the student, faculty, and staff. (SLD)

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GW HEATH Resource Center

A Rising Tide: Students with Psychiatric Disabilities Seek Services in Record Numbers

By Jan Eudaly

Introduction

Disability support service providers in higher education are serving an increasing number of students with psychiatric disabilities. While specific data is lacking, the anecdotal evidence of this increase is strong. An informal survey of recent publications from professional organizations with an expressed interest in adults with psychiatric disabilities reflects the rise of such students throughout all levels of postsecondary education. A recent issue of the journal *Psychiatric News* featured the article, "Mental Illness on Rise on College Campuses," in which counseling and health center directors from colleges across the country are quoted. Administrators from such institutions as Dartmouth, Harvard, University of Florida, UCLA, University of Chicago, and MIT all report a noticeable increase in students attending college who either arrive on campus with a psychiatric diagnosis or are diagnosed at college.

The American College Health Association monitors all aspects of student health. In 2000, their survey of 16,000 students from 20 colleges and universities found that 64 percent of students reported feeling emotionally exhausted, 38 percent were so depressed it was difficult to function, and 10 percent had been diagnosed with depression. Here, at St. Louis Community College-Forest Park, the increase is also substantial: Between 1998 and 2001, the percentage of students with a documented psychiatric disabilities receiving services from our DSS office rose from 27% to 37% in 2001.

Several factors may help explain the rising number of postsecondary students with psychiatric diagnoses. First, such diagnoses are increasingly common in the general population; thus, the increase on campus is a reflection of the larger trend. Also, advancements in the pharmacological treatment of psychiatric conditions have enabled a broader range of mental health patients to embark on college careers and persist amidst the stressors of postsecondary student life. And, public and professional perceptions about mental illness have changed over time. For example, people with severe and persistent psychiatric diagnoses were once routinely institutionalized. Today, such individuals are living within communities and encouraged by social workers and case managers to pursue educational and other opportunities. A mental health diagnosis is less stigmatized than it once was, thus allowing college students greater freedom to seek help during these stressful years when symptoms for some diagnoses first appear.

Whatever the reasons, these students are attending college in increasing numbers and are making their needs known in a variety of ways. In fulfilling their statutory obligations to the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act (the laws that protect students with disabilities from discrimination in postsecondary education and support their right to reasonable and appropriate accommodations), the response of DSS offices must be clear and specific.

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Public Attitudes and Misperceptions

Unfortunately, various factors frequently complicate the effective delivery of services for students with psychiatric disabilities. Perhaps most deleterious is common misconception by others on campus about the role of the disability service office. Disability services do not include triage and crisis intervention, nor do they include assessment or treatment. Rather, the department that handles general student services is well advised to have emergency procedures in place for any student undergoing a physical or mental health crisis. These procedures should be widely publicized and understood by the entire campus community.

Another reason for confusion is the misconception that students with psychiatric disabilities receive special treatment and privileges. In fact, by law, students with disabilities must be otherwise qualified to attend college. Therefore, the same standards of personal conduct and academic performance apply to all students irrespective of disability.

The nature of psychiatric disabilities and lingering stigma associated with them make them uniquely challenging to accommodate. Despite advances in treatment and psychopharmacology, and the popular embrace of the self-help movement, confusion and apprehension continue to surround mental illness. For example, instructors may have unfounded worries about personal and classroom safety and for the safety of the student with the disability. Or, they may anxiously await sudden classroom disruptions from a student with psychiatric disability. Instructors who have no personal knowledge of mental illness may not understand that such conditions are largely treatable, controllable, and not to be feared.

Negative images and erroneous stereotypes in entertainment, advertising, and news media reinforce misperceptions about psychiatric disabilities. The disability support service offices can help correct these misperceptions by educating instructors, staff, and students on their campuses. New faculty orientation, faculty retreats, faculty department meetings, staff development offerings, working with student government, articles in the student newspaper, and classroom presentations can all be utilized as part of a campus educational campaign about psychiatric disabilities.

Accommodations

Students with current documentation of a psychiatric impairment who request services are entitled to accommodations that specifically and appropriately address their needs. Such accommodations might include adjustments to the way that students study, receive lectures, and take exams. Extended time to complete an exam is a common accommodation in testing. Also, a student might need to take tests in a room completely free of the usual classroom distractions. These types of accommodations allow students an equal opportunity to demonstrate their knowledge of the material despite cognitive processing that may be slowed by medication or symptoms related to the condition.

Permission to tape record lectures or access to peer note takers who will share their notes are also frequently applied accommodations. (However, students who are using note takers are advised, if possible, to take their own notes as well, thus demonstrating a good faith effort [which teachers appreciate] and keeping the student involved in the class.) This accommodation relieves the student of the worry of having to write everything down and the fear of missing something. With this pressure eased the student will hopefully be better able to relax and absorb the lesson.

Environmental accommodations can be particularly helpful to students with panic or anxiety disorders. These might include preferential seating in a specific area of the classroom (e.g., by a window, in the back or front

of the room, by a door, etc.) Also, advance permission to leave the classroom at a moment's notice can help alleviate a panic attack. While students themselves are the best resource for knowing what works for them, students, instructors, and disability service providers should work together to consider ways to fulfill course requirements and to arrange the accommodations best suited to the students' needs.

Conclusion

Working with students who have psychiatric disabilities presents unique challenges and rewards. Although invisible, these disabilities can significantly impact students' academic success or failure. In addition to the challenges posed by the disabilities themselves, students may also encounter prejudice and ignorance. The professor who believes that the student with a psychiatric impairment just needs to try harder to succeed does the student a disservice. And students who are reluctant to avail themselves of the accommodations to which they are legally entitled, for fear of alienating themselves because of the fears, confusion, and misinformation surrounding mental illness, must be assured that any information related to the nature of their disabilities is confidentially and will be handled with care.

In the end, the academic and personal successes are well worth the efforts of the student, faculty, and staff. The journey leading to postsecondary study for many of these students has been long: dealing with symptoms, receiving diagnoses, and learning to live with the diagnosis and treatment. Once enrolled, they have every right to expect and receive services that treat them with dignity and respect. And it is the responsibility of disability support staff and faculty to fulfill these expectations within the parameters and guidelines of federal law.

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